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By: SJZ Printed: Lyza Finuliar

1647
CD form
12/19/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Application of: Tang et al.



Title: HUMAN NERVOUS SYSTEM-ASSOCIATED PROTEINS

Serial No.: 10/048,024 Filing Date: January 18, 2002

Examiner: Turner, S. Group Art Unit: 1647

Mail Stop: Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

FEE TRANSMITTAL SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

1. Return Receipt Postcard;
2. Response to Restriction Requirement (9 pp.);
3. Information Disclosure Statement (2 pp.);
4. List of References Cited by Applicants (PTO-1449) (1 pg.);
5. Two (2) CD-R's containing Reference 1 and 2;
6. Four (4) References; and
7. Certificate of Revocation of Power of Attorney and Appointment of New Attorneys (2 pp.).

The fee has been calculated as shown below.

Claims	Claims After Amendment	-	Claims Previously Paid For	=	Present Extra	Other Than Small Entity Rate	Fee	Additional Fee(s)	
Total	20	-	20	=	0	x\$18.00	0	\$	0
Indep.	2	-	3	=	0	x\$86.00	0	\$	0
First Presentation of Multiple Dependent Claims:						+290.00	0	\$	0
Total Fee:								\$	0

No additional Fee is required.

Please charge Deposit Account No. 09-0108 in the amount of : \$ _____

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Deposit Account No. 09-0108. A duplicate copy of this sheet is enclosed.

Respectfully submitted,
INCYTE CORPORATION

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